Te Rau o te Tika Justice System Kaupapa Inquiry Reimbursement for Tūāpapa o Te Tika events



When to use this form

Fill in this form to request the reimbursement of costs for attending a Tūāpapa event as part of the Waitangi Tribunal's Justice System Kaupapa Inquiry (Wai 3060).

This form is to be completed to request reimbursement of costs for a:

- claimant who has asked to participate in Wai 3060
- member of a claimant group or support persons. Up to three members of a claimant group and a total of up to three support people for the claimant group could be funded.

Groups or individuals with 'interested party' status by the Tribunal are not eligible for this funding to attend the Tribunal events.

Completing this form

- One form is to be completed for each person who is claiming reimbursement.
- You'll find a blank page at the back of this form if you need more space to fill in your answers.
- A fully complete form, documentation and evidence is required before the claim will be assessed and processed for payment.
- Please supply copies of any evidence as originals will not be returned.

We can make and pay for travel and accommodation bookings for you

- If you would like the Ministry of Justice to make and pay for travel and accommodation bookings for you to attend the Tūāpapa events, please contact:
- Email: claimantfunding@justice.govt.nz
- Call: 0800 268 787 and tell them you want travel support for the justice kaupapa inquiry
- Text: 027 361 2236

Need help? If you have any questions about what you can claim for please call 0800 268 787,

text 027 361 2236 or email us at ClaimantFunding@justice.govt.nz

Tūāpapa event details

Fill in the details of the Tūāpapa event attended:

Where was the Tūāpapa event you attended?

Date event was held

DD / MM / YYYY

Claimant details

Fill in the details of the person you are claiming reimbursement for:

Role in attending Tūāpapa event	3060 Member of a clair	nant group who has asked to be or a claimant/or claimant group w	who has asked to be included in Wai s asked to be included in Wai 3060 mant group who has asked to be				
Claimant Wai Number	Wai number of your claim	, or claimant group					
Lawyer representing the claim	First	Surname					
Law firm representing the claim	Name of Law firm						
Claimant/support person's name	First	Middle	Surname				
Previously known as	Any former legal name or	maiden name					
Address	No. Street		Suburb				
	City		State (if outside NZ)				
	Country		Post code				
Phone (Cell	Home					
Email	Example@example.com						
Are you a law firm filling out this form on behalf of a client?	Yes No						

Fill in the details of the person receiving payment:

Has the perso Kaupapa Inqu	•	•	from the	Ministry	y for a	previo	ous re	imbur	semer	nt in th	ne Jus	tice S	ystem	l
	Yes		☐ No											
If the person alternatively o	-	•		nplete A	Append	dix A:	GST F	Regist	ered l	lew C	redito	r Forn	n,	
Person's nam	ie													
Bank name														
Bank accoun	t number for	reimbur	sement:											
	Attach sup Attach ban account ver or a recent	k accou	nt verification	ation aı			-							
	Bank accou	ınt verifi	cation m	ust incl	ude ba	ank lo	go. ac	count	name	and a	accour	nt num	nber	

Privacy Statement

We collect personal information from you; including your name, contact and billing or purchase details. We collect this so we have all the information we need to process your application. We will use this information only for the purpose of processing your claim for reimbursement and will destroy it when it is no longer needed.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at 0800 268 787.

Costs being claimed

Fill in one row per invoice or cost type with the details of the costs being claimed for reimbursement.

Please see the factsheet on *Funding for claimants to attend Tūāpapa o Te Tika events* for further information on the costs that can be claimed, the evidence required, and who can claim these costs.

Cost type	Date cost incurred	Additional information	Amount claimed Incl GST (\$)
Travel – Mileage	18/07/2022	15 Km Mileage (15x0.95=14.25)	\$ 14.25
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total:	\$

When completing the table above the possible cost type and additional information required may include:

- · Accommodation let us know the type of accommodation and number of nights spent
- Meals let us know if breakfast, lunch, or dinner
- Personal vehicle mileage let us know where your journey started and ended, and the amount of km travelled for mileage and the total cost (using the following calculation, km travelled x 0.95 = total cost
- Transport let us know where your journey started and ended, and if your costs are airfare, bus, car rental, ferry, parking, taxis or train costs

If you have any questions about what you can claim for please email us at ClaimantFunding@justice.govt.nz, call 0800 268 787, or text 027 361 2236 and we will do our best to answer them.

Before sending in this form – check: Have you given us all details required in this form? Have you attached copies of any documents and supporting evidence? Sign and date this form (either electronically or handwriting) Signature Date This claim form must be signed by the person claiming reimbursement. In signing this claim form, you are certifying that the information is a true and correct record.

Send in this form

You can fill in this form online and email it to ClaimantFunding@justice.govt.nz, or post to:

Te Tāhū o te Ture - Ministry of Justice

Crown Response to Justice System Kaupapa Inquiry

DX SX 10088

Wellington

New Zealand

Additional information for costs being claimed If needed use this additional space to fill in further information relating to the costs being claimed

Appendix A: GST Registered New Creditor Form

Fill in the details of the person this claim is being made for if the person is GST registered:

Leave this section blank if the person is not GST registered.

Contact of	letails					
Full name	First		Middle		Surname	
Previously known as	Any former le	egal name or m	aiden name			
Туре	Individu	al / Sole Trader	Trust	Registe	ered Company	Other
GST Number						
NZBN	If Registered	Company this	information	at the following	ı site www.nzbr	n.govt.nz
Address	No.	Street			Suburb	
	City				State (if o	outside NZ)
	Country				Post code)
Phone	Cell			Home		
Email	example@ex	kample.com				
	a copy of bank					nnk logo, account
name and acco	ount number. V	Ve will accept a	screen sho	from your ban	iking app.	
Person's name						
Bank name						
Bank account r	number for rei	mbursement:				